

**MECKLENBURG COUNTY VIRGINIA, OFFICE OF REAL ESTATE  
P O BOX 158, BOYDTON, VA 23917  
434-738-6519**

**APPLICATION TO THE BOARD OF EQUALIZATION**

Owners Name: \_\_\_\_\_  
(As Listed on Reassessment Notice)

Owners Address: \_\_\_\_\_

Address of Property if Different from above: \_\_\_\_\_

Tax Map Number: \_\_\_\_\_ Parcel Record Number: \_\_\_\_\_

Reason for appeal (Check): ( ) Market Value ( ) Uniformity ( ) Equalization

**Required:**

\_\_\_\_\_ Application Date: \_\_\_\_\_  
Signature of Owner, Taxpayer or Officer of Company

Telephone (home) \_\_\_\_\_ (work) \_\_\_\_\_

**State law 58.1-3379.C puts the burden of proof on the property owner to show that the assessment is incorrect. Stating that your property taxes are too high is not relevant testimony. You must have strong enough evidence to show that the assessor's value is incorrect. The best evidence of this would be to compare recorded arm length transaction sales of similar properties during the analysis period of January 1, 2014 to December 31, 2015.**

All appraisal cards or sheets within the custody of the assessing officer, except those containing information made confidential shall be open for inspection by the taxpayer, or his duly authorized representative, Monday through Friday 8:30 a.m. to 4:00 p.m. except for County observed holidays or online at mecklenburg.gis.edsi.com

**Upon written request the taxpayer has the right to review and obtain copies of all of the assessment records pertaining to the assessing officer's determination of fair market value of such property. The assessing officer shall provide such records within 15 days. Additionally, the taxpayer may request the assessor make a physical examination of the subject property.**

**Furthermore, any owner of property containing less than four residential units shall be given at least 45 days from the application date to prepare for their appeal.**

\_\_\_\_\_ please initial if you wish to appeal sooner than 45 days from the application date

**Office Use Only**

Date Application Received: \_\_\_\_\_ Hearing Date: \_\_\_\_\_ Hearing Time: \_\_\_\_\_